

Does this complaint allege discrimination?      ☐ Yes    ☐ No  
If yes, **STOP** and complete the Kansas WIC/CSF Program Civil Rights Discrimination Complaint Form. If no, continue by completing this complaint form. Local Agency shall resolve complaint and report actions to State Agency. ***Make one (1) copy of this form. Send Original to State; File Copy in Local Agency Complaint File.***

<b>LOCAL AGENCY FILING REPORT INFORMATION</b>	
Date Complaint Received by LA: _____	Date Complaint Sent to SA: _____
LA Staff Name & Title who received and is Reporting Complaint: _____	
Phone: (____) _____	LA Name: _____
LA Address: _____	

<b>PERSON/ORGANIZATION NAMED IN COMPLAINT</b>	
Person Named in Complaint: _____	
Organization Named in Complaint: _____	Phone: (____) _____
Person/Organization Street Address: _____	City & Zip: _____

[illegible]

(OVER)

[illegible]

**FOR STATE AGENCY USE ONLY.**

Follow-up (Use additional sheets as needed): \_\_\_\_\_

[illegible]

**Retain a copy of the complaint in agency Complaint File.**